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### Issue 01: Backgrounder on Health and Safety for Migrant Farmworkers in Canada

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# Policy Points

Issue I, December 1st, 2010



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J. McLaughlin<sup>1</sup> J.L. Hennebry<sup>2</sup>

## Backgrounder on Health and Safety for Migrant Farmworkers in Canada

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**Introduction:** *Annually, approximately 30,000 migrant farmworkers come to work across Canada from countries such as Mexico, Jamaica, Guatemala, the Philippines and Thailand through Canada's Seasonal Agricultural Workers Program (SAWP) and the Pilot Project for Occupations Requiring Lower Levels of Formal Training (NOC C and D). Their health and safety has long been a neglected area of research, but several recent studies have now shed light on some important issues of concern. Despite these studies' diverse contexts (Ontario and British Columbia) and methods (quantitative questionnaires and qualitative ethnography) the similar findings in each study demonstrate consistent patterns. The purpose of this backgrounder is to summarize the main findings of this recent research: (1) Hennebry, Preibisch and McLaughlin 2010; (2) McLaughlin 2009; and (3) Otero and Preibisch 2009. More detailed information on the studies is included on page 5, followed by a list of recommendations.*

## **Principal health risks include:**

- Occupational exposures/hazards such as: agrochemicals, machines, soil, insects, plants, climatic extremes, confined spaces, repetitive and stressful ergonomic positions. <sup>1, 2, 3</sup>
- Unsafe transportation, including unsafe farm vehicles and worksite transportation lacking seatbelts as well as poorly equipped bicycles (lacking reflectors, helmets, etc.). <sup>1, 2, 3</sup>
- Poor living and housing conditions (see page 3). <sup>1, 2, 3</sup>
- Poor hygiene and sanitary conditions in both living and working contexts. <sup>1, 2, 3</sup>

## **Migrant workers' vulnerability to health concerns is amplified by the following factors:**

- Communication difficulties, isolation, poor community integration; lack of social support and long separations from family and friends. <sup>1, 2, 3</sup>
- Limited labour rights for all farmworkers (including no collective bargaining rights in Ontario and Alberta and few organized workplaces in BC and elsewhere). <sup>2, 3</sup>
- Contract constraints for migrant workers: they cannot freely change employers. <sup>2</sup>
- Fear of dismissals, deportations and lack of formal appeals process for dismissals from temporary foreign worker programs – this structured vulnerability renders workers afraid to request safe living/working conditions or to refuse dangerous work. <sup>1, 2, 3</sup>
- No meaningful/structured worker input into living, working and contract conditions. <sup>2</sup>
- High mobility and transnational risks associated with frequent travel. <sup>1, 2</sup>
- Barriers to access health care (see page 4). <sup>1, 2, 3</sup>

## **Principal health concerns include:**

- Occupational health issues (e.g. pesticide-related illness; musculoskeletal injuries; workplace injuries and deaths; infectious disease; heat stress; exhaustion; skin, eye, throat and respiratory irritations and infections; gastrointestinal problems, etc.). <sup>1, 2, 3</sup>
- Sexual and reproductive health (sexually transmitted infections, unwanted pregnancies). <sup>2</sup>
- Mental and emotional health (depression, anxiety, addictions). <sup>1, 2</sup>
- Poor nutrition, weight changes;<sup>1, 2</sup> poor sleep habits and frequent insomnia. <sup>2</sup>
- Infectious and communicable disease. <sup>1, 2, 3</sup>

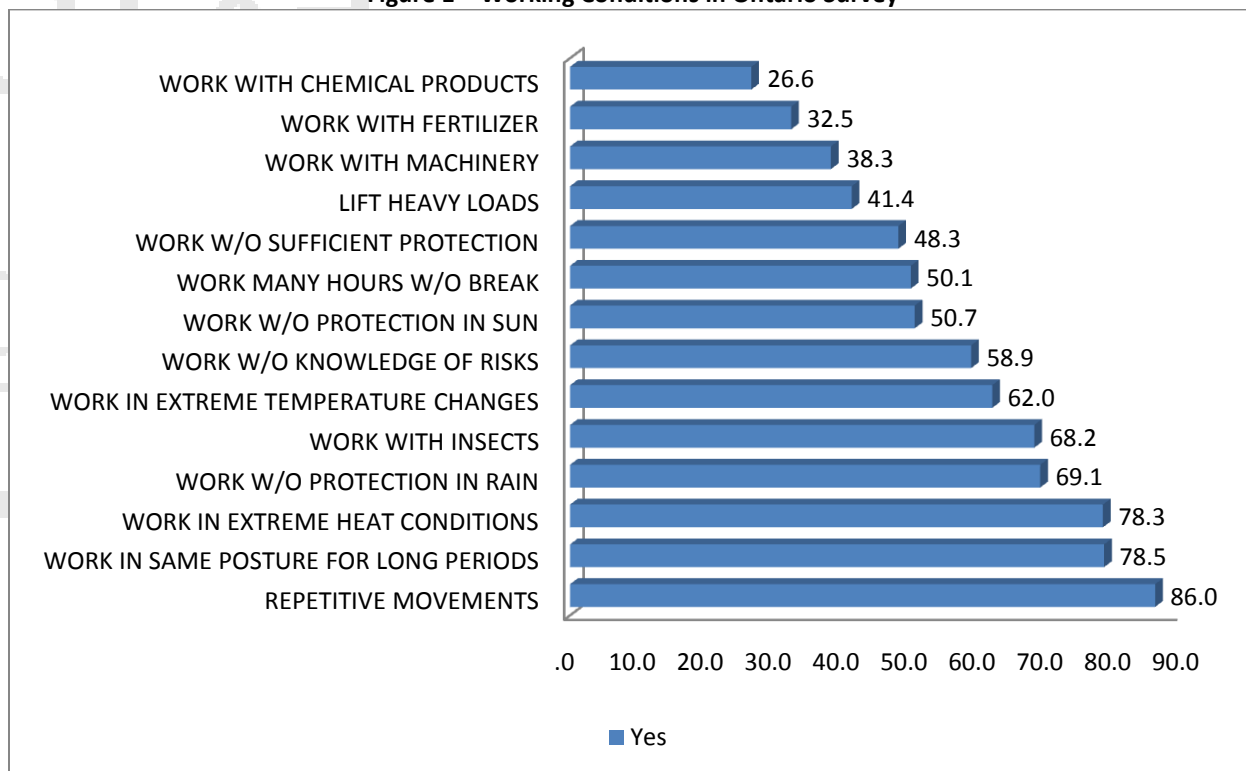
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## Working conditions

Agriculture is among the most dangerous industries in Canada. Migrant farmworkers work in conditions of high demand and low control with greatly fluctuating hours, sometimes working up to or more than 12 hour days and 7 day weeks during periods of high demand.<sup>1, 2, 3</sup> Poorly maintained equipment, a lack of health and safety training, inadequate field sanitation (e.g. bathrooms, sinks), and insufficient provision and use of personal protective equipment are major concerns.<sup>1, 2, 3</sup> Nearly half of all workers in Ontario reported there being no seatbelts in their work site transportation.<sup>1</sup> Workers also regularly experience harassment and discrimination on the job, with women particularly vulnerable to sexual harassment.<sup>2, 3</sup> A recent survey of nearly 600 migrant workers (97% of respondents were men) throughout Ontario<sup>1</sup> revealed that workers are exposed to the following occupational hazards (numbers are in percentages):

Figure 1 – Working Conditions in Ontario Survey



When working amid such risks, occupational health and safety training is particularly important. Yet just 40.9% of the workers surveyed said they had received information and training related to their health and safety (the other nearly 60% said they had **not** received any such information or training).<sup>1</sup> In the BC context, 74% of 100 Mexican workers surveyed had **not** received any health and safety training.<sup>3</sup> Of those workers who had received training, it was not always accessible; language and literacy barriers often caused problems for comprehension.<sup>1, 2, 3</sup>

# IMRC Policy Points

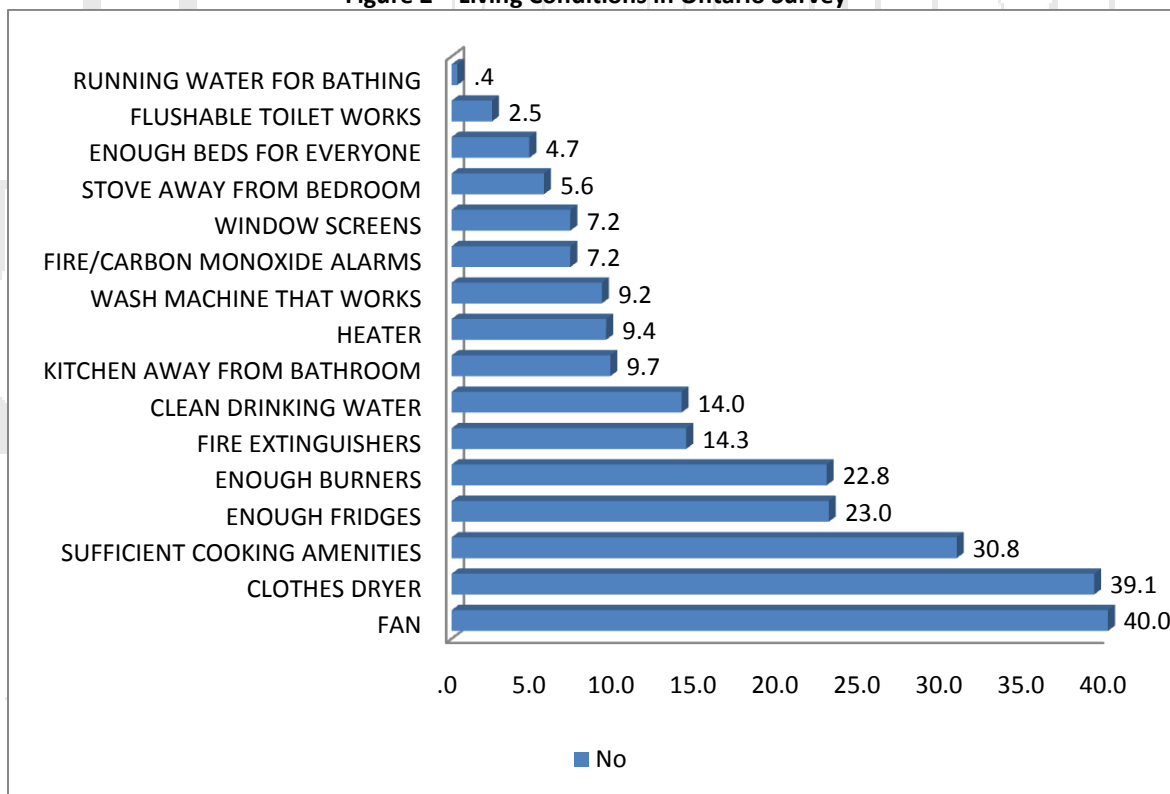
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## Living conditions

Employers are responsible for providing workers with living accommodations in the SAWP (this is not the case in the NOC C and D, yet some employers in this program do arrange for accommodation). Although workers' living quarters are supposed to be inspected before they arrive, in practice their conditions are highly variable. The housing guidelines are minimal and inconsistent; and inspections do not continue throughout the growing season, so problems which arise after workers arrive may not be dealt with. As employers are typically also workers' landlords, many workers fear making complaints about problems with their accommodations. Employers can exercise a great deal of control over workers' lives, including instituting curfews or restrictions on visitors or entering workers' homes without notice.<sup>2</sup>

Nearly 50% of surveyed workers in Ontario claimed that their housing is inadequate with respect to at least two factors (e.g. crowded, poorly ventilated, etc.).<sup>1</sup> The following chart summarizes the key issues (numbers reflect the percentage of workers indicating they are **without** the following provisions):

Figure 2 – Living Conditions in Ontario Survey



Similar areas of concern were reported in the BC context<sup>3</sup> and in qualitative research in Ontario<sup>2</sup>. In the BC survey, 37% of workers felt that their housing damages their health.<sup>3</sup> In this survey, 21% of workers reported not having adequate means to refrigerate their food, while 25% stated they had insufficient cooking elements.



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## Access to health care and workers' compensation

Although legally employed migrant farmworkers have access to workers' compensation and provincial and/or private health care (policies vary by province and program stream), in practice numerous barriers pose difficulties in attaining these services. In the Ontario survey, 15% of surveyed workers (n=85) stated that they had experienced a workplace accident. Of these, only 18 (or 24%) received workers' compensation.<sup>1</sup> Principal barriers to attaining health services and compensation benefits can be summarized as follows:

- Inconsistent health card/insurance access<sup>1,2,3</sup> (nearly 20% of workers surveyed in Ontario did not have access to their health card needed to access provincial insurance<sup>1</sup>; migrants in the NOC C and D and those in other provinces such as BC are not even eligible for provincial coverage for the first three months and few ever hold provincial coverage).<sup>3</sup>
- Rural location, isolation, lack of transportation.<sup>1,2,3</sup>
- Fear of reporting concerns to employers<sup>1,2,3</sup> (45% of those surveyed in Ontario and 48% of those surveyed in BC said their co-workers would keep working despite illness or injury because they are afraid of telling their employer).<sup>1,3</sup>
- Not wanting to take time off to lose paid hours<sup>1,2,3</sup> (55% of those surveyed in Ontario identified this as a concern for their co-workers while 62% did so in the BC survey).<sup>1,3</sup>
- Employers sometimes denying or delaying workers' requests for medical services.<sup>2,3</sup>
- Timing (long work hours and limited clinic hours).<sup>1,2</sup>
- Limited understanding of rights/entitlements<sup>1,2,3</sup> (93% of those surveyed in Ontario said they did not know how to make a workers' compensation claim;<sup>1</sup> 92% said they did not know how to fill out hospital forms<sup>1</sup>; 85% said they did not know how to make a claim to their health insurance).<sup>1</sup>
- Many sick or injured workers are repatriated before their illness/injury can be fully investigated and treated.<sup>2</sup>
- Provider-level limitations (e.g. providers' lacking knowledge of workers' compensation and workers' contexts; lack of rural physicians and occupational health specialists; language and literacy barriers; cultural differences; lack of interpreters or accessible services).<sup>1,2,3</sup>
- Difficulties of providing follow-up and sustained health care to mobile populations.<sup>2</sup>
- Cost of medical treatment during periods of ineligibility, as well as services not covered by insurance, such as dentists, optometrists, medications, therapies, etc.<sup>1,2,3</sup>
- Some employers and supervisors exerting pressure on workers not to apply for workers' compensation.<sup>1,2,3</sup>

## Studies Summarized

- 1) J. Hennebry, K. Preibisch, and J. McLaughlin, 2010. "Health across borders — Health status, risks and care among transnational migrant farm workers in Ontario." CERIS Ontario Metropolis Centre: Toronto, Ontario. Available online at [www.wlu.ca/imrc](http://www.wlu.ca/imrc). Report featuring nearly 600 standardized questionnaires with Mexican and Caribbean migrant farm workers in Ontario.
- 2) J. McLaughlin, 2009. Trouble in our fields: Health and human rights among Mexican and Caribbean migrant farm workers in Canada. Doctoral thesis, Dept of Anthropology, University of Toronto. *Ethnographic study of health issues among Mexican and Jamaican migrant farm workers in Ontario based on over three years of research with over 350 workers.*
- 3) G. Otero and K. Preibisch, 2009. "Farm worker health and safety: Challenges for British Columbia." [www.justicia4migrantworkers.org/bc/.../Otero%20and%20Preibisch%202009,%20Farmworker%20Health%20and%20Safety.pdf](http://www.justicia4migrantworkers.org/bc/.../Otero%20and%20Preibisch%202009,%20Farmworker%20Health%20and%20Safety.pdf), Draft report, October. Report based on a survey of 100 Mexican migrant workers in British Columbia.

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## Appendix - Recommendations

The following recommendations may be implemented at various jurisdictional levels. Below we have suggested where they might best be directed, using the following legend: Federal (F), Provincial (P), and Municipal/community (M). Many of the recommendations will also require cooperation from employers (E).

### **Reduce Health Risks:**

- Provide accessible education regarding health risks, such as training seminars on occupational health and safety, sexual and reproductive health, bicycle safety, and mental/emotional health (F-P-M-E).
- Provide access to free/affordable personal protective equipment such as goggles, masks, gloves, etc. (P-E).
- Provide access to free/affordable and safe transportation options, including public transit and bike lanes in migrant worker hubs, as well as individual items such as bicycle lights, reflective tape, helmets, etc. (P-M).
- Provide free access to forms of anti-contraception and STI protection such as condoms and birth control (P-M).

### **Address Root Causes of Vulnerability:**

- Reduce migrants' vulnerability to health problems (and reluctance to access care or report concerns) by making systematic changes to program policy to address the fear of repatriation, or loss of future employment (F).
- Replace employer-specific work permits with open or industry-specific work permits to allow workers to change employers (F).
- Create a formal, independent, appeals process before workers can be fired or repatriated (F).
- Provide agricultural workers in every province the same standard rights as workers in other industries (e.g. provide full inclusion in Occupational Health and Safety and Employment Standards Acts, as well as collective bargaining rights) (F-P).
- Provide migrant workers with access to permanent residency (F).
- For more detailed recommendations on reducing underlying vulnerabilities, see *Policy Points Issue II* (January 1, 2011).

### **Housing:**

- Establish federal level guidelines for migrant worker housing for both SAWP and NOC C and D Programs (F).
- Include workers' input in revised guidelines and address issues such as: increased privacy and maximum number of beds per room, increased numbers of bathrooms with adequate privacy, ventilation and fans, access to communication (e.g. telephones) and transportation, maximum temperatures, proximity to chemicals, increased building security and secure spaces (e.g. mandatory lockers) etc. (F-M).
- Explicitly forbid employers from monitoring or regulating any aspect of workers' lives outside of work, including entering workers' residences without their consent (F-E).
- Institute a confidential, multilingual hotline for migrants to safely make complaints about their housing and complement this with proactive random inspections of living conditions throughout the growing season, which will also help to protect anonymous complainants (P-M).
- Allow workers to have autonomy over where and with whom they live when they are in Canada (F-E).

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## **Occupational Health and Safety / Working Conditions:**

- Institute a confidential, multilingual hotline for migrants to safely make complaints about their working conditions and complement this with proactive random inspections of working conditions throughout the growing season, which will also help to protect anonymous complainants (P).
- Provide workers and employers with better information, equipment and resources regarding health, safety, rights and protections applied to temporary migrant workers (F-P).
- Allow workers more frequent breaks and days off when needed without fear of losing employment (P-E).
- Allow workers to modify tasks if heightening risks to chemical exposure, repetitive strain injuries, etc. without fear of losing employment (P-E).
- Provide comprehensive occupational health and safety training to all workers in their languages with issues specific to their workplaces and tasks (P-E).

## **Health Care and Compensation:**

- Provide all migrants with health cards and insurance information immediately upon arriving, or create a system to ensure workers receive this information and insurance without major delay. Penalize employers who withhold workers' health cards or other information (F-P-E).
- Provide detailed information about workers' rights and entitlements, including information about how to access health care and workers' compensation, to all workers. Standardize basic information across countries of origin, although this should be adapted for different groups' cultural and linguistic needs (F-P).
- Provide information and training to health care practitioners regarding migrant workers, their rights and benefits (P).
- Make available a multilingual, independent, toll-free 'telehealth' line to migrants to provide advice on health-related issues and services. The line could also offer free interpretation services for workers seeking medical attention (P-M).
- Implement or expand health outreach services, such as a migrant health bus, and/or other specialized clinics, in all high density areas where migrants are employed; offer targeted services with interpreters at hours and locations accessible to migrant workers (P-M).
- Institute specialized services which address migrant workers' common health needs, including occupational, sexual and reproductive, dental, ocular and mental/emotional health (P-M).
- Offer more education to employers and health care providers servicing migrant workers regarding their needs, vulnerabilities, rights and entitlements (P-M).
- In the absence of more comprehensive interpretation support, at minimum provide all health care practitioners who regularly see migrant workers with medical translation sheets (Spanish, Thai, etc.) and a list of useful contacts and support services (P-M).
- Offer workers medical screening prior to returning to countries of origin, especially when premature repatriations are taking place. Provide workers with health concerns financial and logistical support to continue receiving treatment in Canada until the problems have been addressed. Fully investigate workplace injuries and illnesses *before* workers leave Canada (F-P).
- Replace temporary health insurance with long-term, portable social security benefits, including long-term health insurance and benefits (F).
- Make workers' compensation systems more fair and accessible to migrant workers (P). (For more information see *Policy Points* issue devoted to workers' compensation, forthcoming May, 2011).